Nurse First Advice Line Program Overview

What is the Nurse First Advice Line?

"…assessing callers' needs and directing them to the right level of care."

The Nurse First Advice Line is a toll free, telephone-based health information service provided by the Montana Department of Public Health and Human Services. The service is staffed by registered nurses 24 hours a day, 7 days a week. Eligible Montana Medicaid clients call Nurse First when they are unsure about the level of medical care they need for a specific problem at a specific time.

Nurse First is a clinically based approach to assessing callers' needs and directing them to the right level of care - their provider's office, the emergency department, or self-care. The assessment, not diagnosis, is arrived at by trained, clinically experienced nurses following specially designed algorithms unique to Nurse First.

How does the Nurse First Advice Line work?

"...determine what key medical concern the member is experiencing."

Clients are introduced to the program through information mailed to their home. The initial mailing is intended to introduce the client to the program and encourage them to call the Nurse First Advice Line any time they are experiencing non life-threatening medical symptoms, no matter how slight.

When the client dials the phone they are connected to a registered nurse. The nurse will first determine the key medical concern the member is experiencing. All the data collected by the nurse is then input into the caller's electronic computer file for secure documentation.

From that point the nurse will use the computerized patient assessment system to triage the client's symptoms. Throughout the process the computer is recording the answers to the questions and assisting the nurse in assessing the situation. From the collected data, the nurse is guided to the most appropriate sources of care based on the symptoms presented.

The nurse reviews recommendations with the caller and explains the rationale for these recommendations. When applicable, the nurse also provides clinically relevant patient teaching and empowers the caller to make appropriate decisions. Specific attention is paid to self-care. When appropriate, nurses also raise awareness of additional new symptoms that may require further contact with the nurse line.

When would someone use Nurse First?

The Nurse First Advice Line is available 24 hours a day, 7 days a week, every day of the year.

Examples of when clients call:
- They just stepped on a nail. They are asking if they should get a tetanus shot.
- It's 2:00 a.m. They are having stomach pains. They are wondering if they should go to the emergency room or can they take care of it at home. What can they do to feel better right now?
- Their son hurt his arm during a spill on his skateboard. Does he need immediate care? Should the injury be treated with ice or heat?

Does this replace the current doctor/patient relationship?

The Nurse First service is not meant to replace the current doctor/patient relationship, but rather complement it by helping clients get the information they need to make better health care decisions. The registered nurses are trained to help guide clients through the complexities of treatment options so they can make more informed decisions about their care. The overall process will help clients be an educated decision-maker that allows the doctor and patient to work more effectively together.

How does Nurse First help physicians?

"…decreasing non-urgent after hours calls…"

Independent studies have shown that with services such as the Nurse First Advice Line, there is a shifting and redirection of care to the most appropriate source of care. Clients who might have originally considered going to the emergency room are many times educated to seek out their physician for treatment.

Likewise, some callers who were going to go to their doctor's office are educated in self-care measures that allow them to treat the problem at home. The net effect is that providers will see a higher percentage of pre-triaged patients who are appropriate for clinical evaluation in a physician office setting.

Nurse First benefits medical practices by:

- Decreasing non-urgent after-hours and daytime phone calls
- Appropriately directing patients from the ED to the physician's office
- Reducing the amount of time providers and staff unnecessarily spend on the phone
- Decreasing the number of call backs to patients
- Reducing inappropriate office visits
- Educating patients on how to prudently use the resources of their office
- Encouraging patient compliance with the provider's treatment plan
- Reinforcing the provider-patient relationship
- Assisting with meeting patient satisfaction goals

Nurse First Advice Line Clinical Overview

How was the clinical assessment system developed?

"…yes-no questions within a branch chain-logic system."

Nurse First uses a patented algorithm-based system to guide the nurses in conducting and recording a detailed assessment and in identifying medically sound next steps in the care process. Currently, Nurse First offers 132 pediatric, 39 women's health, 176 general adult, 185 senior health and 46 mental health algorithms, which together cover more than 95% of all acute conditions.

Each algorithm uses "yes-no" questions within a branch chain-logic system. The algorithms that form the basis of Nurse First have been tested and refined through more than two decades of clinical application.

An inter-disciplinary team of physician authors completed the original development of the clinical algorithms. All Nurse First algorithms are subjected to a rigorous, on-going review procedure by the McKesson Health Solutions Medical Review Board, a team of physicians and nurses. In addition, algorithms are reviewed by clinical staff from each McKesson client to ensure they describe an acceptable local standard of care.

A concordance study conducted with the UCLA School of Medicine concluded that there was no statistically significant difference in sorting recommendations between McKesson nurse recommendations and the UCLA board certified Emergency Department physician recommendations.

Will the nurses be able to diagnose a caller's symptoms?

The registered nurses do not diagnose symptoms or practice medicine. Rather, they use an algorithmic system for asking the caller a series of questions to determine how severe the symptoms are, ruling out serious or potentially serious possibilities. The system is designed to determine:
- if care is needed
- what kind of care
- when it is needed
- and who should provide it

This may consist of suggestions to go to the emergency room, make an appointment with their doctor, call their doctor or use self-care measures.

What are the nurses' qualifications?	All of the nurses have documented patient educational experience and superior interpersonal communications skills, at least 3 to 5 years of current nursing experience in an acute care setting, strong assessment skills, computer skills and an RN License (BSN preferred). The nurses average more than 15 years of nursing experience in a wide variety of clinical settings.
Who is legally liable for the information provided to members?	McKesson holds the risk for the clinical integrity as well as the delivery of the assessment guidelines and ensures that they represent the highest quality of medical standards. After conferring with a Nurse First nurse, it remains the caller's responsibility to seek medical care. Physicians continue to be responsible for managing the care of their patients who contact their office, clinic, or hospital.
What resources are available to the nurses?	The nurses are supported by a state of the art clinical and technical platform that includes 578 patented assessment algorithms, a clinical library of over 5,500 condition, procedure, and medication topics, over 250 national resources, and an audio health library with over 1,100 topics. The nurses use these tools to support the caller through the health care education and decision-making process. For example, the nurses use self-care instructions and general health information modules to educate callers about their condition, what to do for pain or symptom relief, and what to expect or watch out for.